## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

-oplication or Docket Numb r

10/030844

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                             |                                                                                                                                                                                                                          |                                           |                                       |                              |                                  |                  |          | SMALL ENTITY TYPE O |                        |                     | OTHER THAN          |                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------|------------------------------|----------------------------------|------------------|----------|---------------------|------------------------|---------------------|---------------------|-------------------------|--|
| TOTAL CLAIMS ~~                                                                                                                                                                            |                                                                                                                                                                                                                          |                                           |                                       |                              |                                  |                  |          | RATE                | FEE                    |                     | RATE                | FEE                     |  |
| FOR                                                                                                                                                                                        |                                                                                                                                                                                                                          |                                           | NUMBER FILED                          |                              | NUMBER EXTRA                     |                  |          | BASIC FEE           | 520                    | OR                  | BASIC FEE           |                         |  |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                    |                                                                                                                                                                                                                          |                                           | 27 minus 20=                          |                              | - 7                              |                  |          | X\$ 9=              | 63                     | OR                  | X\$18=              |                         |  |
| INDEPENDENT CLAIMS                                                                                                                                                                         |                                                                                                                                                                                                                          |                                           | minus 3 =                             |                              | */3                              |                  |          | X42=                | 126                    | OR                  | X84=                |                         |  |
| MU                                                                                                                                                                                         | LTIPLE DEPEN                                                                                                                                                                                                             | IDENT CLAIM P                             | RESENT                                |                              |                                  |                  |          | +140=               |                        | OR                  | +280=               |                         |  |
| * If                                                                                                                                                                                       | the difference                                                                                                                                                                                                           | in column 1 is                            | less than zero, enter "0" in column 2 |                              |                                  |                  |          | TOTAL               | 709                    | OR                  | TOTAL:              |                         |  |
| CLAIMS AS AMENDED - I<br>(Column 1)                                                                                                                                                        |                                                                                                                                                                                                                          |                                           |                                       |                              | PART II<br>(Column 2) (Column 3) |                  |          | SMALL               | ENTITY                 | OR                  | OTHER<br>SMALL E    |                         |  |
| AMENDMENT A                                                                                                                                                                                | A                                                                                                                                                                                                                        | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVI<br>PAID | BER<br>OUSLY                     | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE  |  |
|                                                                                                                                                                                            | Total                                                                                                                                                                                                                    | * 27                                      | Minus                                 | ** 5                         | 27                               | = /              |          | X\$ 9=              | /                      | OR                  | X\$18=              |                         |  |
|                                                                                                                                                                                            | Independent                                                                                                                                                                                                              | * 6                                       | Minus                                 | PENDEN                       | CLAIM                            | = /              |          | X42=                |                        | OR                  | X84=                |                         |  |
| -                                                                                                                                                                                          | BEST AVAILABLE COPY                                                                                                                                                                                                      |                                           |                                       |                              |                                  |                  | <b>.</b> | +140=               |                        | OR                  | +280=               |                         |  |
| DEST MAMILABLE COLI                                                                                                                                                                        |                                                                                                                                                                                                                          |                                           |                                       |                              |                                  |                  |          | TOTAL<br>ADDIT. FEE |                        | OR                  | TOTAL<br>ADDIT. FEE |                         |  |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                           |                                                                                                                                                                                                                          |                                           |                                       |                              |                                  |                  |          |                     |                        |                     |                     |                         |  |
| AMENDMENT B                                                                                                                                                                                |                                                                                                                                                                                                                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUM<br>PREVI                 | BER .                            | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI\<br>TIONAL<br>FEE  |  |
|                                                                                                                                                                                            | Total                                                                                                                                                                                                                    | *                                         | Minus                                 | ** .                         |                                  | = .              |          | X\$ <sup>.</sup> 9= |                        | OR                  | X\$18=              |                         |  |
|                                                                                                                                                                                            | Independent                                                                                                                                                                                                              | *                                         | Minus                                 | ***                          | - 0/ 4/5/                        | =                | ]        | X42=                |                        | OR                  | X84=                |                         |  |
| _                                                                                                                                                                                          | FIRST PRESE                                                                                                                                                                                                              | NTATION OF I                              | JLIPLE UE                             | PENDEN                       | CLASS:                           |                  | ال       | +140=               |                        | oa                  | 4280±               |                         |  |
|                                                                                                                                                                                            |                                                                                                                                                                                                                          |                                           |                                       |                              |                                  |                  |          | TOTAL<br>ADDIT. FEE |                        | or                  | TOTAL<br>ADDIT. FEE |                         |  |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST                                                                                                                                            |                                                                                                                                                                                                                          |                                           |                                       |                              |                                  |                  |          |                     |                        |                     |                     |                         |  |
| AMENDMENT C                                                                                                                                                                                |                                                                                                                                                                                                                          | CLAIMS<br>REMAINING<br>AFTER              |                                       | NUM<br>PREVI                 | MBER<br>OUSLY                    | PRESENT          |          | RATE                | ADDI-<br>TIONAL        |                     | RATE                | ADDI-<br>TIONAL<br>FEET |  |
| NO N                                                                                                                                                                                       | Total                                                                                                                                                                                                                    |                                           | jlinus                                | **                           | 150                              | =                |          | X\$ 5= }            |                        | OR                  | አ\$18=              |                         |  |
| \ME                                                                                                                                                                                        | Independent                                                                                                                                                                                                              | *                                         | Minus                                 | ***                          | ~ CL AIR!                        | =                |          | X42=                |                        | OR                  | X84=                |                         |  |
| -                                                                                                                                                                                          | FIRST PRESE                                                                                                                                                                                                              | ENTATION OF M                             | OLI III LE DE                         | PENDEN                       | CLAIN                            |                  | _        | +140=               |                        | OR                  | +280=               |                         |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If th "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, nter "20."  ADDIT. FEE |                                                                                                                                                                                                                          |                                           |                                       |                              |                                  |                  |          |                     | OB                     | TOTAL<br>ADDIT. FEE |                     |                         |  |
| -                                                                                                                                                                                          | ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                           |                                       |                              |                                  |                  |          |                     |                        |                     |                     |                         |  |